OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) CHAILLES J. ANTHONY Amended First Third
Second Fourth

(b)	Committee Name: FUENDS OF CHANGES ANTHON 2nd Pr Mailing Address: D. D. BOX 700635 Final P	eliminary Primary Shor US III	t Form 1			
		Preliminary General REPORTING PERIOD				
(d)	Phono (Dura)		a design to de			
	Treasurer's Supple	mental 7/9/6	36 through 10/13/06			
	SECTION III-SUMMARY OF RECEIPTS AND (Complete Section IV on the Back of this Form Before)	D DISBURSEMENTS e Completing This Section)				
		COLUMN A	COLUMN B ELECTION PERIOD ²			
		TOTAL THIS PERIOD	TOTAL TO DATE			
1.	Cash on Hand at the Beginning of the Election Period.2					
2.	Cash on Hand at the Beginning of this Reporting Period	54.99				
3.	Total Receipts (From Line 15)	279865	5,05092			
4.	Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)		7050°€ +			
5.	Total Disbursements (not including Unpaid Expenditures) (From Line 19)	2,853 64	5,050 9			
6.	Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)	-0-	<i>-</i>			
7.	Total Loans at the Closing of this Reporting Period	D-	7			
8.	Total Unpaid Expenditures at the Closing of this Reporting Period		8			
9.	Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)		9			
10.	Surplus/Deficit (Subtract Line 9 from Line 6)	A-	10			
I he	eby certify that the information on this report and all attached Schedules are true, corr	ect and complete to the best	of my knowledge.			
Carr	May Conthony 10/12/06 Mindidate Signature Signature Date Treasurer Signature	went & Down	~ 10/12/06			
Cath	didate SignatureV Date Treasurer SignatureV	nature –	Date			

1 Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or fess. Short form reporting requires completion of only Section II, Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if

a candidate is seeking nomination or election to a four-year office.



SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

COLUMN B **ELECTION PERIOD**

RECEIPTS	TOTAL THIS PERIOD	ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	27500	1,000 9	11(a)(i)
(ii) Mometary and Non-Monetary Contributions of More Than \$100	1	2,527 34	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(ii) and 11(a)(iii))	1,27500	1,000 ° 2,527 34 3,527 34	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Mornetary and Non-Monetary Contributions of \$100 or Less			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	1523 5	152365	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii))			11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	2,79865	5,05099	12
13. Public Funds and Other Receipts		,	13
14. Loans			14
15. Total Receipts (Add Lines 12 through 14)	2,798 65	5,050 95	15
DISBURSEMENTS			
16. Expenditures	2,85364	5,090°29	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven			18
19. Subtotal Disbursements (Add Lines 16 through 18)	2,853 64	5,05099	19
20. Unpaid Expenditures			20
21. Total Disbursements (Add Lines 19 and 20)	2,85364	5,050°G	21

CHECK ONLY ONE BOX USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW
INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

STATE OF HAWAII **CAMPAIGN SPENDING COMMISSION**

CANDIDATE OF CANDIDATE'S IMMEDIATE FAMILY **SCHEDULE A** MONETARY AND NON-MONETARY CONTRIBUTIONS **CANDIDATE COMMITTEE**

	OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSO	N FOR THE PURPOSE OF SOLICITING CONTRIBUT	IONS OR FOR AN	Y COMME	RCIAL PURPOSE.
	ND CANDIDATE COMMITTEE NAME:	PAGE	/	OF	1
FRI	ENDS OF CHARLES ANTHO	NY -			
	,	FOR AGGREGATES OF \$1,000 OR MORE	AMOUNT	- Ac	
DATE OF DEPOSIT OR	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	CONTRIBUTI	ON OR	
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2. TOTAL MONI	ETARY AND NON-MONETARY CONTRIBUTIONS THIS PER	RIOD (Last Page Only) (Transfer total	115.7	65	
to the applicable	Line Number of the Disclosure Report - 11(a)(ii) or 11(b)	(ii))	11 2		
				Form	CC-5(A) (Rev. 5/99)

	CHECK ONLY ONE BOX	
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20		

INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE
COMMITTEES/POLITICAL PARTIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT NON-MONETARY CONTRIBUTION ND CANDIDATE COMMITTEE NAME: VAS CE CHARLES ANTHONY FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT OCCUPATION NON-MONETARY CONTRIBUTION	DECANDIDATE COMMITTEE NAME: VAS CE CHALLES ANDTONY FULL HAME. STREET ADDRESS. CITY. STATE AND ZIPCODE OF DONOR FULL HAME. STREET ADDRESS. CITY. STATE AND ZIPCODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT OCCUPATION NON-MONETARY CONTRIBUTION DECANDIDATE COMMITTEE NAME: V.S. G.F. C.H.A.R.L.E.S. A.N.T.A.D.V.Y. FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR. FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER IF A DEPENDENT MINOR, ENTER NAME OF PARENT IF A DEPENDENT	FIGURE SATISTICS FIGURE SATIS		